

## State Officer Application Form



### Mail to:

**TN FCCLA Youth Consultant  
4<sup>th</sup> Floor, Andrew Johnson Tower  
710 James Robertson Parkway  
Nashville, Tennessee 37243-0383**

Candidate's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Chapter \_\_\_\_\_ Adviser \_\_\_\_\_

Home Address \_\_\_\_\_

Age \_\_\_\_\_ Grade (next year) \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

(Phone Number) \_\_\_\_\_ (Address) \_\_\_\_\_

Applicant's School \_\_\_\_\_ Principal \_\_\_\_\_

School Address \_\_\_\_\_

Applicant's Fall Semester Grade Point Average (Minimum 2.5) \_\_\_\_\_

Student's Signature \_\_\_\_\_

Principal's Signature \_\_\_\_\_

CTE Director's Signature \_\_\_\_\_

**NOTE TO PARENTS/GUARDIAN AND ADVISERS:** This student is applying for consideration for a state officer candidate. It is an honor and responsibility for the student.

**PARENTS:** This will require your support financially, emotionally, physically, and in general, strong parental backing.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**ADVISER:** Your signature is verification of the qualifications of this candidate. Your assistance is required in completing all duties assigned to your officer.

**CHAPTER ADVISER STATEMENT:** *The Candidate's chapter and chapter adviser have recommended this candidate for state officer. I will support this candidate by attending all required meetings. This includes supporting the state officer candidate in planning, preparing, and executing all responsibilities.*

**YES, I AM WILLING TO ACCEPT THESE RESPONSIBILITIES AND SUPPORT THIS CANDIDATE FOR STATE OFFICER.**

**Adviser's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Attach the following to this form:

- Two recommendations from school administrators or teachers on leadership, citizenship, scholarship, maturity level, etc.
- A copy of your transcript with courses highlighted.
- A copy of your chapter affiliation form with your name highlighted.
- A wallet size photograph and email a digital photo to the state youth consultant.

**Write an essay portraying your involvement in FCCLA to include the following:**

- Describe your involvement in FCCLA at the local, and/or state level (include any FCCLA chapter offices you have held).
- List your participation in other school and community activities other than FCCLA (include major activities, organizations you belong to, offices held, and awards or honors received).
- How FCCLA has helped me as an individual
- The most important qualities of an effective leader

**Postmarked to State Office by December 15<sup>th</sup>.**

STATE OFFICER PARENTAL PERMISSION AND RELEASE FORM

I, \_\_\_\_\_, \_\_\_\_\_ of  
(Parent or Guardian's Name) (Relation)  
\_\_\_\_\_, \_\_\_\_\_,  
(Student's Name) (Age) (Social Security  
Number)  
of \_\_\_\_\_  
(Complete Home Address, including Zip Code)

\_\_\_\_\_, hereby authorize in advance any necessary  
medical (Home phone number) (Work phone number)

treatment by \_\_\_\_\_ while he/she is absent from home 5/06  
through 4/07.

(Student's Name)

In the event where the parent cannot be reached, please contact:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

Name of Chapter \_\_\_\_\_

\_\_\_\_\_

Adviser \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_

Local Family Physician \_\_\_\_\_ Last Tetanus Toxin (Year) \_\_\_\_\_

\_\_\_\_\_

Physician's Phone \_\_\_\_\_

Allergic to any medications? \_\_\_\_\_

\_\_\_\_\_

Taking any current medications? \_\_\_\_\_

\_\_\_\_\_

Past serious illness or injury? \_\_\_\_\_

\_\_\_\_\_

Parents'/Guardians' Insurance Company \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ Policy No. or Group No. \_\_\_\_\_

\_\_\_\_\_  
Parent's place of employment \_\_\_\_\_

\_\_\_\_\_  
Our son or daughter will be participating in all FCCLA state and national meetings and events as a state officer.

As with all such conferences, there is the possibility that our son/daughter will have the opportunity to go swimming, go on sightseeing tours, etc. We hereby give permission for our son/daughter to participate in these related activities.

We have read and agree to abide by the rules and regulations. We also agree that the school officials, the chapter advisors and the state staff have the right to send him/her home from the activity at our (parents) expense, provided that he/she has violated the rules and/or his/her conduct has become a detriment. In addition, we agree to release the Department of Education and the National and State Association of Family, Career and Community Leaders of America their representatives, agents, servants, and employees from liability for any injury to said minor child, resulting from any cause whatsoever occurring to said child at any time while attending all FCCLA state and national meetings and events, including travel to and from all meetings.

\_\_\_\_\_  
(Signature of parent or legal guardian)

(Relationship)

(Date)

\*\*\*\*\*  
\*\*\*\*\*

\_\_\_\_\_  
(Adviser's Signature)

\_\_\_\_\_  
(School Official's Signature)

Tennessee FCCLA State Officer  
Code of Conduct

As a State Officer of the Tennessee Association of Family, Career and Community Leaders of America, I recognize that the following activities are part of an officer's responsibilities and I agree to perform, to the best of my ability, these and other duties of the office to which I am elected.

Ethics and Conduct:

1. Conduct myself at all times in a manner which will display my leadership ability and which will bring credit to me and to the Tennessee Association of Family, Career and Community Leaders of America.
2. Treat every person with equal respect.
3. Behave in a manner which conveys and commands respect.
4. Avoid places and activities which would raise questions as to moral character or conduct.
5. Use wholesome language in all formal and informal occasions.
6. Maintain proper dress and good grooming for all occasions.
7. Avoid participation in any conversations which belittle another person.
8. Behavior at all times should be such that it reflects credit to you, your school and your state and national organizations.
9. Any accidents, injuries or illnesses should be reported to the local adviser and the State Adviser immediately.
10. State Officers will observe the same curfew as other members.
11. If an officer is found responsible for stealing or vandalism, the officer and his/her parents or guardian will be expected to pay all damages.
12. State Officers may not purchase, possess, consume or be under the influence of alcohol or illegal drugs at any time. Drinking mock cocktails is prohibited.
13. Each of the above mentioned characteristics should be reflected in personal conduct, cell phone and computer use.

Required Attendance:

1. State Executive Meetings
2. State Leadership Meeting
3. Fall Leadership Camp
4. Fall Leadership Area meetings
5. Summer CTSO Conference

Optional Attendance:

1. National Fall Cluster Meetings

2. USA Leadership Academy
3. Tennessee Youth, Citizenship and Government Seminar

Complete and turn in travel claims (with proper receipts) within 30 days of the event attended.

Additional Responsibilities:

1. Notify the State FCCLA Youth Consultant of any change in my address, e-mail address, and phone number or student classification.
2. Notify the FCCLA Youth Consultant in writing prior to accepting invitations to attend and participate in local activities whether or not the expenses are to be reimbursed by the State Association.  
When representing the State Association at meetings and conferences with the State Adviser, Youth Consultant and/or local adviser, carry out the responsibilities as designated by the State Adviser and report the results of those responsibilities to her.
3. Maintain a scholastic rating of above average throughout the term of office.
4. When representing the State Association at meetings and conferences with the State Adviser, Youth Consultant and/or local adviser, carry out the responsibilities as designated by the State Adviser and report the results of those responsibilities to her.
5. Complete all five modules of the Power of One and submit it to the State Office by the March 1 deadline for recognition at State Meeting.
6. Avoid expressing personal opinions regarding political or controversial problems when representing the State Association.
7. Maintain weekly correspondence (email) with State Youth consultant.
8. Each state officer must wear official dress when traveling and speaking on behalf of Family, Career and Community Leaders of America.
9. Each officer will travel with an adult and/or adviser unless otherwise approved in writing by the State Adviser and parents.